

SPECIAL HANDLING REQUIRED

Job Number: _____

Box Number: _____

Folder Number: _____

Identifier: _____

BRIEF DESCRIPTION:

Over-/Small-Sized Document _____

Double-Sided Original _____

Dark Original _____

Light Original _____

Bad Original _____

Tab (Scan Copy) _____

Thermofax & Copy _____

Microfiche _____

Photo _____

Vu-graph _____

Slides _____

Magazine _____

Newspaper _____

Transcribing Tape (Digital Camera) _____

Film _____

Other: Cassette Tape

Scan Operator Notes: _____